
From: Mendez, Maria [/O=CORPNYCHHC/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=MARIA.MENDEZ.NYCHHC.ORG]
Sent: 10/30/2018 3:57:03 PM
To: Kaye, Melissa [melissa.kaye@nychhc.org]
CC: Jain, Abhishek [jaina7@nychhc.org]; Fong, Donna [fongd@nychhc.org]; Barrow, Colleen [colleen.barrow@nychhc.org]; CHS Payroll [chspayroll@nychhc.org]
Subject: Melissa Kaye FMLA/To care for ill family member leave approval - retro
Attachments: Melissa Kaye-FMLA-to care for family member approval-RETRO.pdf; Time sheet changes data entry form.pdf

Melissa,

Attached, please find a letter retroactively approving your leave of absence to care for your ill family member. Thank you.

Your time sheets should be coded as outlined on the letter. Any changes, please submit directly to Payroll. If you have any questions/concerns, please do not hesitate to contact me.

Kind regards,

Maria Mendez

Assistant Director

HRSS Leaves Administration

Phone: (212) 748-2267

Fax: (347) 671-8491

Maria.Mendez@nychhc.org



LEAVES/WC ADMINISTRATION

55 Water Street, 26th Floor
New York, NY 10041

October 30, 2018

Melissa Kaye
500 East 77th Street. Apt. #239
New York, NY 10162

Dear Ms. Kaye:

We are in receipt of your completed form HHC 2678 (Certification of Health Care Provider for Family Member's Serious Health Condition Family and Medical Leave Act (FMLA)), requesting a leave of absence pursuant to the FMLA to care for your ill family member.

Based on medical documentation submitted by your son's doctor, your request has been approved retroactively for the period beginning October 15, 2018 through October 26, 2018 pursuant to the FMLA. You returned to work on October 29, 2018.

During your absence, your leave balances were to be used concurrently with the FMLA. We have requested a work-up of your leave balances to ascertain the exact amount of time you have. Please note, you were only allowed to utilize your annual/comp leave balances (if applicable), no sick leave. However, for the first three (3) days, your leave was designated as Family and Sick Leave. Until we are in receipt of the work-up, your department has been informed to code your time sheets as outlined below, so that we can track the use and control of your FMLA leave. Therefore, for those time sheets that may have already been submitted (without proper FMLA codes), we are attaching Employee Time Sheets Changes Data Entry forms. Your department has been informed to make the necessary corrections and submit directly to Corporate Payroll/Timekeeping.

<u>Date(s)</u>	<u>Code</u>	<u>Reason</u>
10/15/18 – 10/17/18	57 55	FMLA using Family Sick Leave
10/18/18 – 10/26/18	02 55	FMLA using annual leave

Should you have any questions, feel free to contact me via email at Maria.Mendez@nychhc.org.

Sincerely,

Maria Mendez
Assistant Director
HRSS Leaves Administration

c: Abhishek Jain, Associate Executive Director, Correctional Health Services
Employee Leave File